

Health policy

Social Care and Health Systems

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EVROPSKÁ UNIE
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Health policy

- A subject of research and aims to provide interpretation of ongoing processes in this field
- Definition:

“Health policy includes those activities that affect the system of institutions, organizations, services and ways of financing the health care system. However, it does not only concern health services and involves actions or deliberate actions by public, private and voluntary organizations that have an impact on health (...). This means that health policy addresses both the environmental and socio-economic impacts on health and the provision of health care.” (Walt, 2004: 41)

Health policy

- Health policy can be defined as the decision-making processes carried out by the relevant health policy actors at different levels
- Health policy is conceived as a manifestation of a strong interest in health and a desire for justice in the administration of community affairs and as a form of responsibility for human health
- The main objective of health policy is to create and develop a favorable environment in which people can live healthy

Health policy

- Health policy can thus be defined as an action aimed at protecting, strengthening or restoring health, improving the health and well-being of the population, and developing a healthy environment



- Thus, values that health policy should strengthen are also part of it
- Health policy should improve health

Health policy

- The definitions may vary according to the breadth of health policy
 1. Health policy can be understood as a policy concerning the health sector and therefore only the provision of health services
 2. A different concept is the health policy conceived as the so-called “healthy public policy” - in this concept, all activities aimed at influencing human health through the influence on large determinants of health are considered as a health policy

Health policy

- Health policy should also reflect the social, economic and cultural specific features of current and past societies and respond to the risks that actually affect the health of the population
- Health policy should be based on generally valid societal assumptions
- Health policy should identify the most important health problems of society and should find and formulate procedures

Health policy - history

- Germs of health policy can be found in sanitary measures from the Middle Ages
- Communicable diseases and efforts to prevent them have stimulated the activities of a number of doctors and politicians in the field of so-called public health
- Until World War II, there was no more comprehensive concept of health policy and health system in any European country
 - In former Austria-Hungary (Act No. 68 of 1887 on Public Health Service built a network of health care institutions)
 - In a former Soviet Union (the state health system was introduced in the 1920s)

Health policy - history

- Health policy as a science was born after the Second World War
- In this time measures in all European countries to similarly significant improvements in the social, economic and environmental conditions of people's lives
- National health policies were based on efforts to suppress the root causes of morbidity and mortality, and on the economic affordability of medical assistance and care for different population groups
- Health systems have been built on these general foundations

Health policy - history

- The implementation of these principles (from 40th) has been embodied only since the beginning of the second half of the last century
- By fighting against the prevalent infectious diseases
- By developing various insurance or national models of healthcare provided conceived on the principle of solidarity
- This development was fundamentally influenced by some significant circumstances in the coming decades
- Scientific and technological development require new approaches to health policy making

Health policy

- The success of the health policy depends largely on the policy analysis
- We need research, data, current policy and trends can come into view for evaluation



Health policy

The health policy research – why?

1. **„knowledge of policy making“** - to examine and understand the subject - the form, content, functioning and consequences of health policy
2. **„knowledge in policy making“** - to contribute to policy shaping or implementation and to exploit research findings in this field in the practice of health policy

(Lasswell,1971)

Specifics of health policy

- Health policy is **multidisciplinary** and **multipragmatic** (social medicine, public health, law, economics, sociology, epidemiology, medicine, political science)
- different aspects overlap
 - health-political approach - identified needs, the aim of improving the health of the population, healthcare of the public sector
 - economic approach - subjective maximization of benefits, achieving effective use of resources, solving market failures
 - power-political approach - pragmatic, ensuring balance between interest groups

Factors influencing health policy:

- Social culture of the state (ethics, tradition, morality, culture, law)
- Achieving the degree of economy (GDP, solidarity, public spending)
- Input of factors (public opinion, mass media, lobbies)
- Specific political and social situation

Factors influencing health policy:

- Specific transformation of the current centrally managed economy to the market
- Changes in the socio-demographic development of our society.
- Risk factors of restructuring and differentiation of society (unemployment, living standard differences, lifestyle, workload.
- Migration
- Specific character of various pathogenic factors

Health 2020: European health policy

- The Health 2020 Program, endorsed by the 62nd WHO Regional Committee for Europe in September 2012, aims to improve health for all and to overcome health inequalities through better governance and management in health care
- Its task is to contribute to solving the complex health problems of the 21st century related to economic, social and demographic development
- It identifies four priority areas for policy action and is innovative in finding answers across the board at all levels and departments of government and across society

Health 2020: European health policy

Objectives

- Strengthen health systems
- Revitalize public health infrastructures and institutions
- Engage the public
- Develop coherent and evidence-based policies of tackling health threats and sustaining improvements of health situation over time

Source: Holčík, Program Zdraví 2020: Budoucnost evropské zdravotní politiky, 2011

Health 2020: European health policy

- The policy framework is evidence-based and peer-reviewed
- The 53 countries of the European Region are richly diverse in terms of culture, history, development, wealth, and resources
- Despite this diversity, the countries came together at the annual session of the WHO Regional Committee for Europe to implementing a new European health policy framework
- The background to Health 2020 is the divergent health experience across the WHO European Region
- Health has been improving, but inequalities in health remain severe

Source: Jakab Zsuzsanna, Tsouros Agis D.: "HEALTH - 2020" achieving health and development in today's Europe, 2014

Health 2020: European health policy

Framework of Health 2020 is based on **4 priority areas**

1. Investing in health through a life-course approach and empow-ering people
2. Tackling the Region's major health challenges of noncommu-nicable and communicable diseases
3. Strengthening people-centred health systems, public health ca-pacity and emergency preparedness, surveillance and response
4. Creating resilient communities and supportive environments

Source: Jakab Zsuzsanna, Tsouros Agis D.: "HEALTH - 2020" achieving health and development in today's Europe, 2014

Health 2020: European health policy

The health 2020 emphasizes:

- implementing effective and efficient ways to take advantage of new networking, partnership, communication and technological opportunities
- implementing a common mechanism in the WHO European Region to build, support and maintain unity and coherence of messaging within the public health community
- identifying gaps in knowledge and new research priorities
- providing an ongoing communication platform for sharing the practical experiences of policy-makers and public health advocates across the Region.

Source: Jakab Zsuzsanna, Tsouros Agis D.: "HEALTH - 2020" achieving health and development in today's Europe, 2014

Health 2020: European health policy

The health 2020 emphasizes:

- addressing the main public health priorities of the Region as well as practical solutions that work
- taking new and challenging approaches to collaborative leadership to bring many partners together and mobilize broad-based political and cultural support for health development, in order to arrive at joint solutions
- focusing on health and well-being as barometers of development
- taking a comprehensive approach to the whole spectrum of determinants of health

Source: Jakab Zsuzsanna, Tsouros Agis D.: "HEALTH - 2020" achieving health and development in today's Europe, 2014

Health 2020: European health policy

The health 2020 emphasizes:

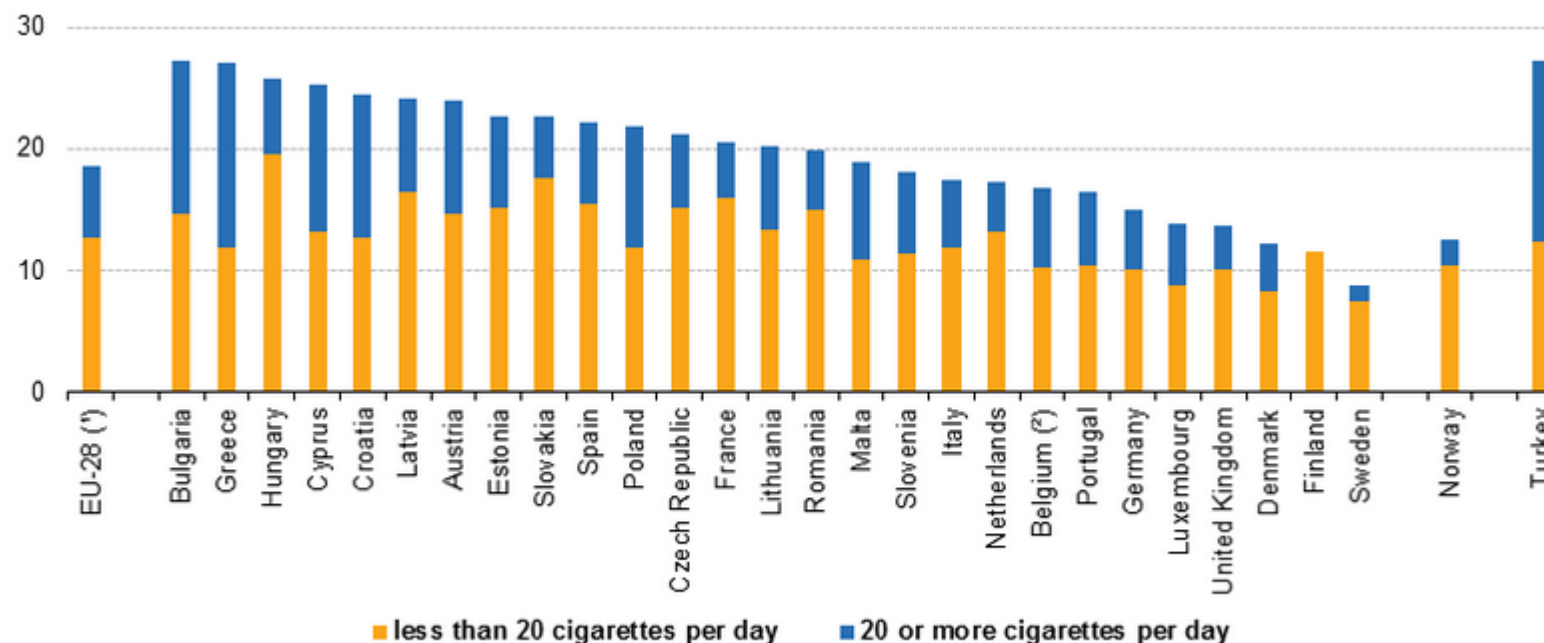
- identifying and responding to the preconditions for change
- finding ways to make an economic case for investment in health, including evidence on the benefits of, and effective approaches to, health in all policies
- identifying ways to better facilitate citizen and patient empowerment as key elements for improving health outcomes and the performance of and satisfaction with health systems

Source: Jakab Zsuzsanna, Tsouros Agis D.: "HEALTH - 2020" achieving health and development in today's Europe, 2014

Health 2020: European health policy

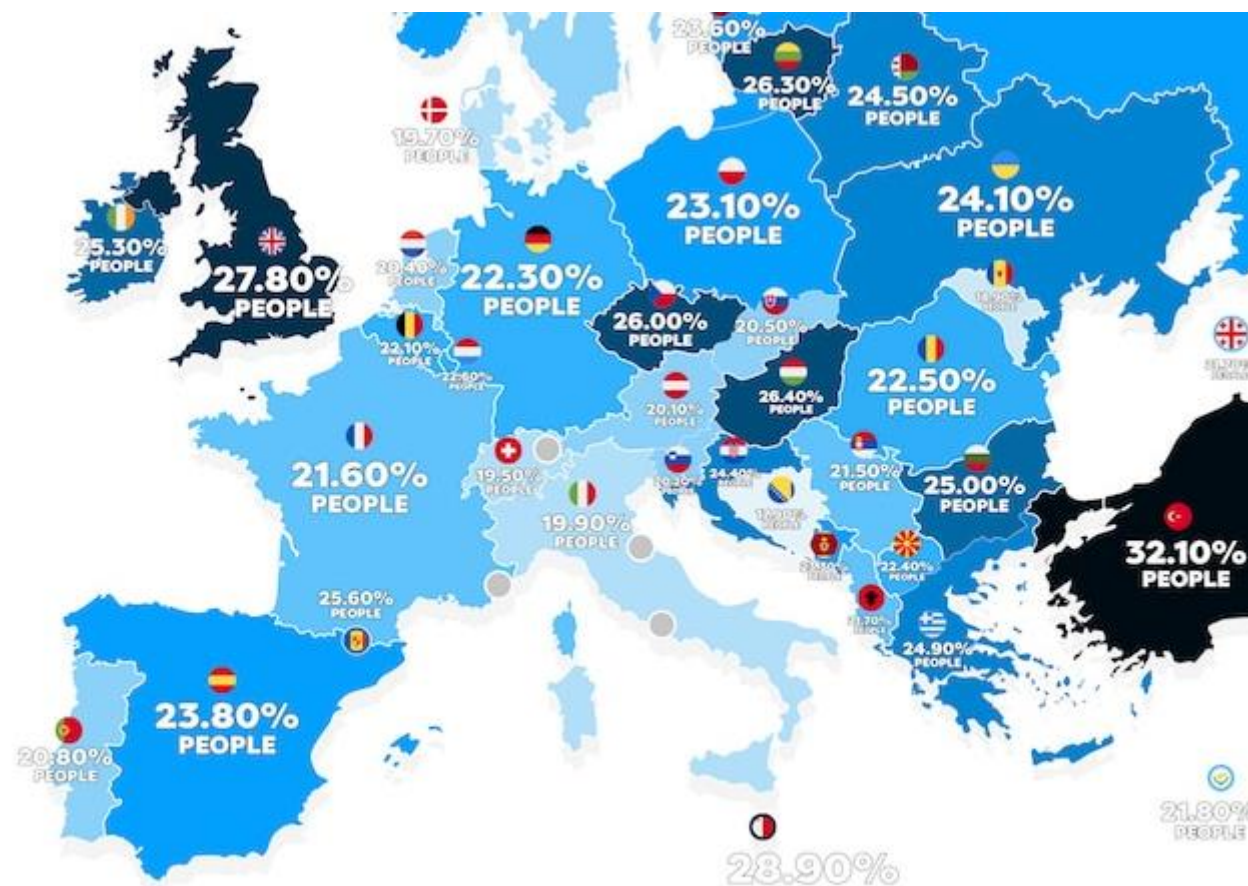
- There are important inequalities within countries across key lifestyle indicators, including: **smoking rates**
- The proportion of daily smokers in the EU ranged from 8.7 % to 27 %
- In 2014, 6 % of the EU population over 15 years of age consumed at least 20 cigarettes per day

Proportion of daily smokers of cigarettes by level of consumption, 2014 (% persons aged 15 and over)



Health 2020: European health policy

- There are important inequalities within countries across key lifestyle indicators, including: **obesity**
- Countries that are considered amongst the region's poorest have the lowest obesity rates
 - This includes Bosnia (17.9%) and Moldova (18.9%)
- Prevalence of obesity nearly doubled between 1980 and 2008

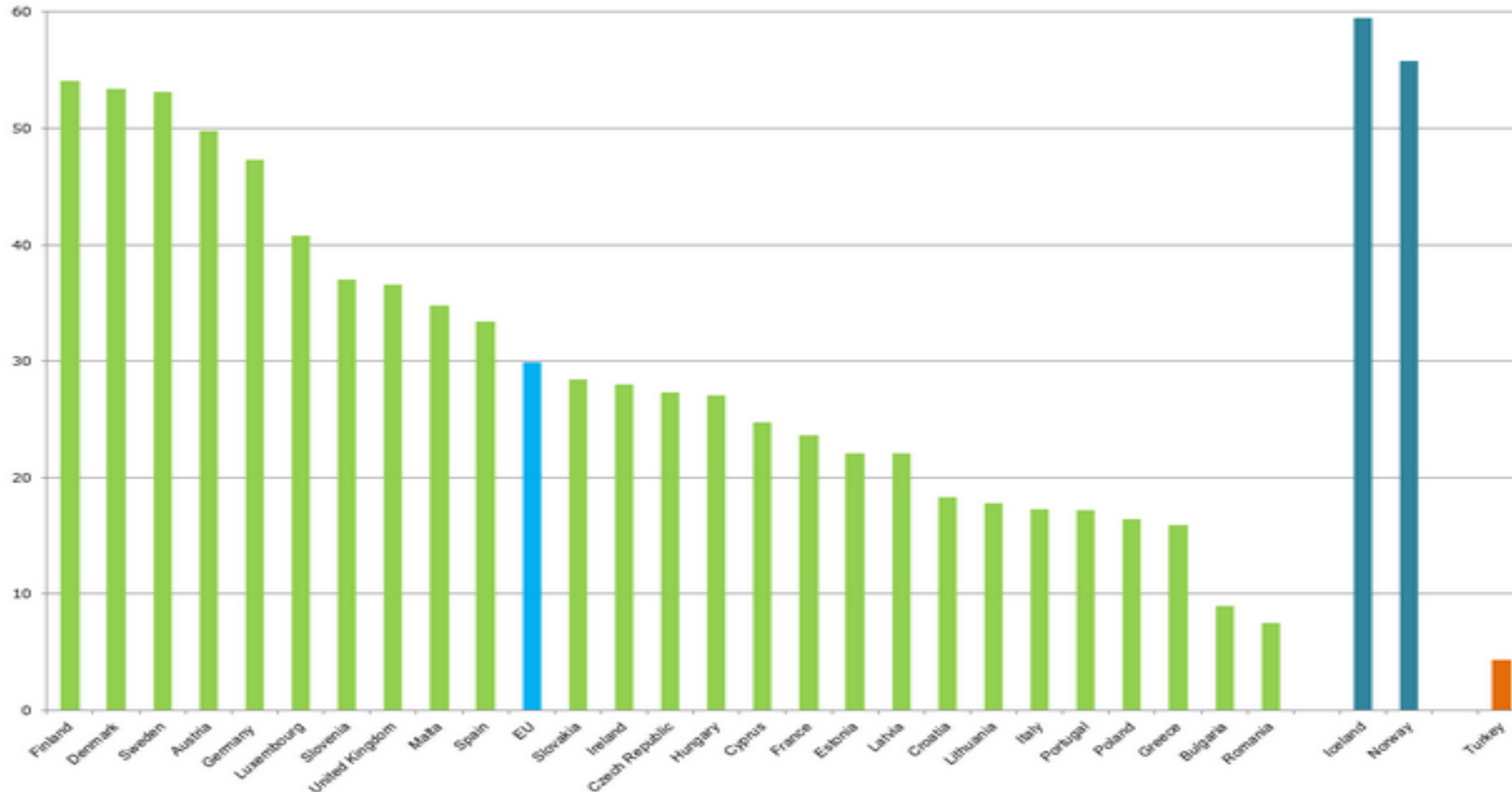


Health 2020: European health policy

- There are important inequalities within countries across key lifestyle indicators, including: **exercise**
- The highest proportions of people who spent at least two and a half hours per week exercising were found in Finland (54.1%), Denmark (53.4%) and Sweden (53.1%)
- At the opposite end of the scale, Romania (7.5%) and Bulgaria (9.0%) recorded the lowest shares
- The perceived lack of time was the most common reason given in the Eurobarometer survey, with a third of EU citizens (34%) saying that is why they never practise sport

Source: WHO: Health 2020 A European policy framework and strategy for the 21st century, 2013

Share of people spending at least 2,5 hours per week of excercising (in %)



Belgium and the Netherlands: data not available

Source: WHO: Health 2020 A European policy framework and strategy for the 21st century, 2013

Health 2020: European health policy

- There are important inequalities within countries across key lifestyle indicators, including: **limiting long-term illness**
- The term 'disability' is used to refer to a limiting long term illness, health problem or disability which limits a person's day-to-day activities
- Person, who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities
- In 2016 about 26.3% of women aged 16 and over declare a disability compared to 21.8% of men of the same age group in EU
- About 7.5% of persons aged 16 and over declare a severe disability (strongly limited) in EU

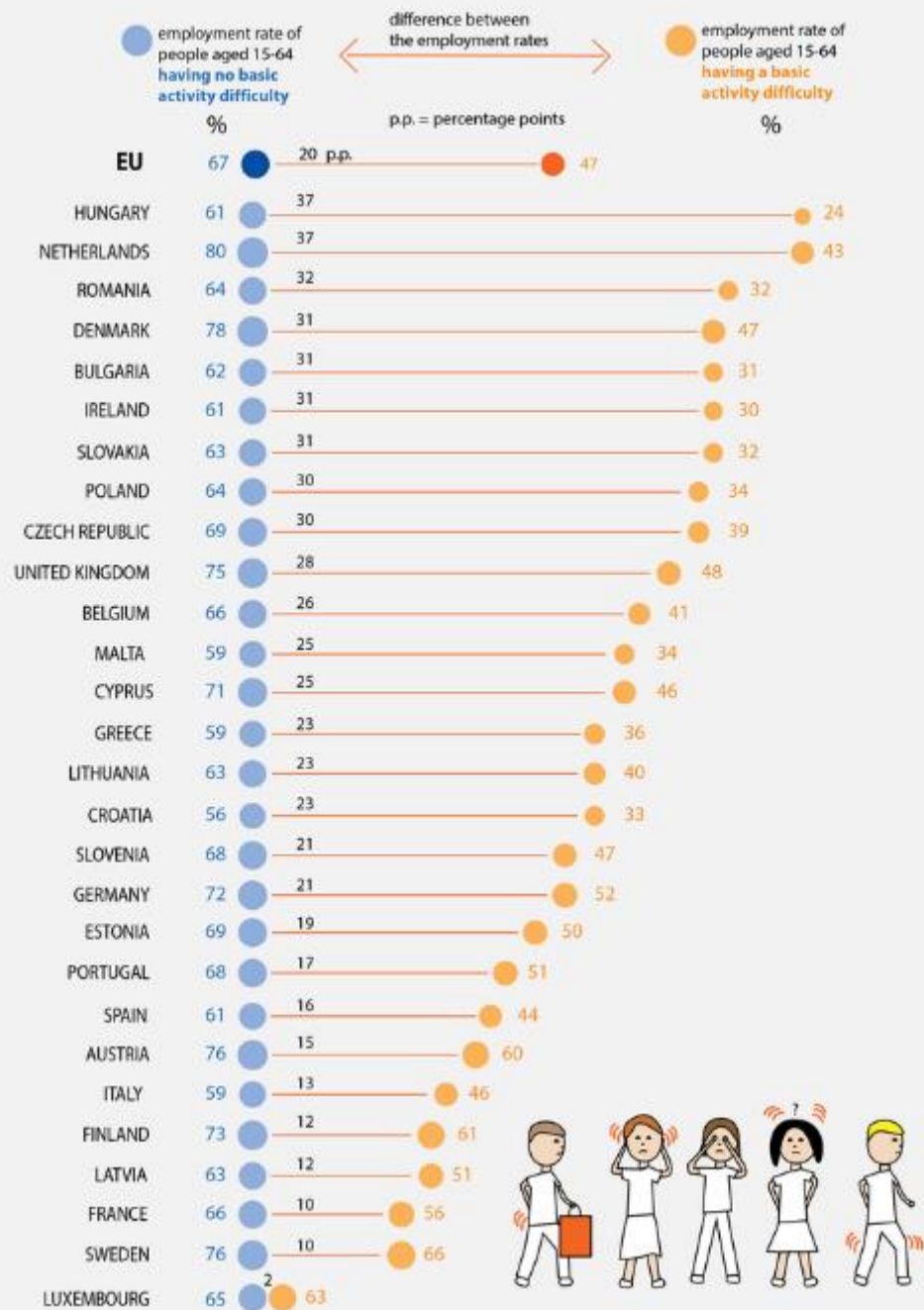
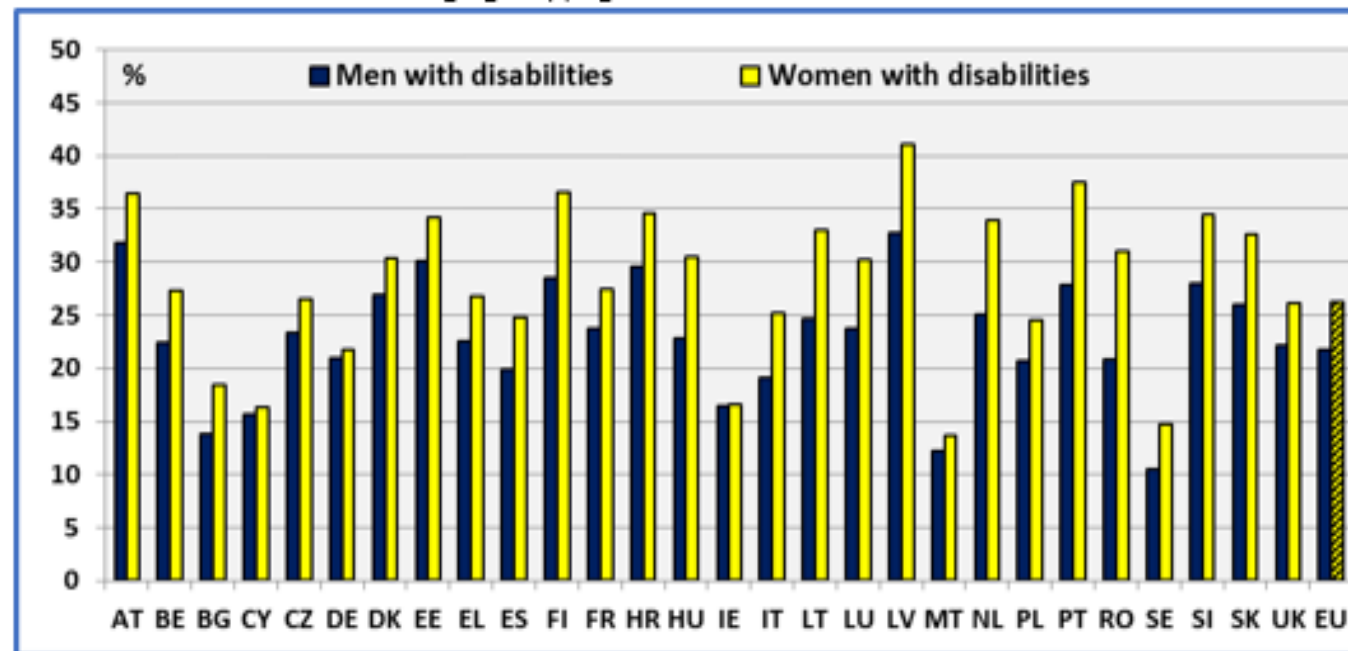


Figure 2: Percent of people with disabilities by Member State and gender; 2016

As a % of the same age group; age: 16+



Data source : EU-SILC UDB 2016

Thank you for your
attention



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